



NONE

Notice To Be Filed By Company That Has Not Previously Reinsured
Portions of Workers Compensation Insurance In California and/or
Company That Has Reinsured Portions of Workers Compensation In California
Who Has Not Complied With The Notice Requirement.

Date: _____

To: California Department of Insurance
Financial Analysis Division
300 South Spring Street, 13th Floor, South Tower
Los Angeles, CA 90013
Attn: Financial Records Unit

Subject: Notice pursuant to California Insurance Code Section (CICS) 11691(b) (deposit and reporting requirements for insurers reinsuring injury, disablement or death portions of Workers Compensation Insurance)

Pursuant to the notice requirements of CICS 11691(b), please be advised that the insurer identified below intends to reinsure under the class of Disability Insurance, the injury disablement, or death portions of policies of Workers Compensation Insurance written subject to the workers compensation laws of California.

Name of Company:	
NAIC Number:	
Mailing Address: (Number & Street)	
(City, State & Zip Code)	
Contact Person:	
Position:	
Telephone Number:	
Facsimile:	
E-mail address:	

I certify that deposits in the amount of \$ _____
have been made in California in accordance with the requirements of CICS 11691(a).

Very truly yours,

NONE

(Official Company Representative Signature)

For questions regarding filing, please contact the Financial Records Unit at 213-346-6423.
For questions concerning the completion of this form, please contact the Workers' Compensation Deposit Review Team at 213-346-6433